



Clark County Regional Support Network Policy Statement

Policy No.: CM18
Policy Title: Inpatient Services – Concurrent Review
Effective Date: September 1, 2001

Policy: Clark County Regional Support Network shall provide concurrent review of psychiatric inpatient care for Medicaid-eligible and psychiatric indigent-eligible consumers in order to review the medical necessity for continuing stay and to facilitate discharge planning. Requests to extend inpatient treatment beyond the initial authorization shall be reviewed by a CCRSN Care Manager and Hospital Liaison when a consumer needs continuing in-patient care while waiting for a court hearing date for involuntary detention or for transfer to Western Washington State Hospital or the Children's Long-term Inpatient Program.

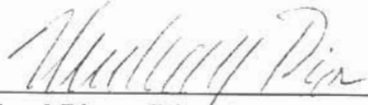
Reference: WAC 388-865, Washington State Mental Health Division RSN Contract, 42 CFR 400, CCRSN Policy and Procedure: CM 13 Intake and Assessment, CM 19 Inpatient Services Authorization, CM 19-A Psychiatric In-patient Covered Diagnoses, CM 19-B Inpatient Authorization Form, CM Inpatient Services- Appeal of Denial, QM 05 Element of Care Clinical Guidelines, MAA Numbered Memorandum 01-03, MAA Extension Form

Procedure:

1. The CCRSN Hospital Liaison shall have contact with local and state psychiatric hospitals within three (3) working days of admission of a Medicaid-eligible consumer. The Hospital Liaison shall participate on the in-patient treatment team to facilitate the discharge planning process and coordination with outpatient services. All Medicaid-eligible consumers will be reviewed at least weekly at the Acute Care Coordination meetings.
2. The Hospital Liaison shall ensure that Medicaid-eligible consumers not enrolled with a CCRSN contracted provider have an appointment with a provider of their choice prior to discharge from in-patient care.
3. The Hospital Liaison shall notify the CCRSN contracted outpatient services provider about the admission and discharge of one of their enrolled consumers as soon as the information is known to CCRSN.
 - a) The responsible provider shall have face-to-face contact with the consumer within five (5) days of CCRSN notification of discharge from in-patient care.
4. Should the inpatient facility determine that additional inpatient days are needed beyond the initial authorization for payment due to a pending court hearing date for involuntary detention or transfer to Western Washington State Hospital, their representative may contact a CCRSN Care Manager

to request an extension of the number of in-patient days of the authorization for payment by using the MAA Extension Form.

Approved By: _____



Michael Piper, Director
Clark County
Department of Community Services

Date: _____

2-2-05